



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9525

|                             |                                       |              |                        |                                  |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/616,096 | FILING DATE<br>07/08/2003<br><br>RULE | CLASS<br>318 | GROUP ART UNIT<br>2837 | ATTORNEY DOCKET NO.<br>UNMC/0006 |
|-----------------------------|---------------------------------------|--------------|------------------------|----------------------------------|

## APPLICANTS

Dmitry Oleynikov, Omaha, NE;

Shane Farritor, Omaha, NE;

Adnan Hadzialic, Lincoln, NE; Stephen R. Platt, Lincoln, NE;

\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*
 IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 10/03/2003

\*\* SMALL ENTITY \*\*

|   |          |         |        |             |
|---|----------|---------|--------|-------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR | SHEETS  | TOTAL  | INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY  | DRAWING | CLAIMS | CLAIMS      |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials <i>[Signature]</i>   | NE       | 20      | 24     | 3           |

## ADDRESS

Moser, Patterson & Sheridan, LLP  
 Suite 1500  
 3040 Post Oak Blvd.  
 Houston, TX  
 77056-6582

## TITLE

Microrobot for surgical applications

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>476 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue ) |
|-----------------------------------|---|--|

|  |                                       |
|--|---------------------------------------|
|  | <input type="checkbox"/> Other _____  |
|  | <input type="checkbox"/> Credit _____ |